

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices | | FEC IDENTIFICATION NUMBER ▼ C C00488486 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|--------------------|--|---|--|--|
| Full Name of Payee Tell That Story | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2016 | | |
| Mailing Address 2120 Huntington Drive, Suite B | | | Amount 5224.23 | | |
| City South Pasadena | State CA | Zip Code 91030 | Transaction ID : D33476 | | |
| Purpose of Expenditure Direct Voter Contact - Text Msg. | | Category/Type 005 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016 | | |
| Name of Federal Candidate Kirkpatrick, Ann, , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ | | |
| Calendar Year-To-Date Per Election for Office Sought | | 24010.98 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------|---|--|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination MM / DD / YYYY | | |
| Mailing Address | | | Amount | | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY | | |
| Purpose of Expenditure | | Category/Type | | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 5224.23 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures.....▶ | 5224.23 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 31 / 2016

Signature